TOWN OF BERKLEY
MASSACHUSETTS

OFFICE OF
TREASURER/COLLECTOR

INSURANCE RATES
JULY 1, 2026 – JUNE 30, 2027

Plan	Coverage	Monthly Premium	Town Cost	Employee Monthly Cost	Employee Percentage
Blue Care Elect $250 Deductible	Individual	$2,000.76	$1,200.46	**$800.30**	40%
	Family	$4,978.75	$2,987.25	**$1,991.50**	40%
Network Blue NE $250 Deductible	Individual	$1,131.27	$678.76	**$452.51**	40%
	Family	$2,966.95	$1,780.17	**$1,186.78**	40%
Network Blue NE $300 Deductible	Individual	$1,102.99	$661.79	**$441.20**	40%
	Family	$2,892.78	$1,735.67	**$1,157.11**	40%
Access Blue NE Saver $2000 Deductible	Individual	$913.61	$612.12	**$301.49**	35%
	Family	$2,396.10	$1,605.39	**$790.71**	35%
Dental Blue Enhanced Value	Individual	$35.78	$0.00	**$35.78**	100%
	Family	$88.31	$0.00	**$88.31**	100%

VISIT *WWW.TOWNOFBERKLEYMA.GOV*
FOR BENEFIT PACKETS AND MORE INFORMATION

Biweekly deductions begin in June for July 1st coverage